

Your Medicare Benefits

Your Health Care Coverage Under . . .

- • • Part A (Hospital Insurance)
 - • • Part B (Medical Insurance)
- Including Preventive Services

1999

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Medicare's health benefits include coverage for certain health care services and durable medical equipment. To have full Medicare coverage, Medicare beneficiaries must have both Part A (Hospital Insurance) and Part B (Medical Insurance). The chart below explains some differences between Part A and Part B.

Part A (Hospital Insurance)...

Helps Pay For: Care in hospitals and skilled nursing facilities, and for home health and hospice care.

Cost: If you are eligible, Part A is premium free—that is, you don't pay a premium because you or your spouse paid Medicare taxes while you were working.

Who to Call: Your Fiscal Intermediary can answer your questions on what Part A services Medicare will pay for and how much will be paid (see pages 6-7).

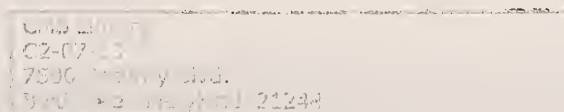
Part B (Medical Insurance)...

Helps Pay For: Doctors, outpatient hospital care and some other medical services that Part A doesn't cover, such as the services of physical and occupational therapists. Part B covers all doctor services that are medically necessary.

Cost: Part B cost \$45.50 per month in 1999. (This amount may be higher if you didn't take Part B when you first became eligible, unless you or your spouse were employed and had group health plan coverage at that time. If the employment or group health coverage ends, you have 8 months to sign-up before your premium would increase.)

Who to Call: Your Medicare carrier can answer questions about Part B services and coverage (see pages 8-9).

If you are not sure if you have Part A and Part B, look on your Medicare card (red, white and blue card). It will show "Hospital Insurance (Part A)" and/or "Medical Insurance (Part B)" in the lower left corner of the card. You can also call your local Social Security office, or call 1-800-772-1213. More information on Part A and Part B can be found on the Internet at www.medicare.gov. Your local library or senior center may be able to help you get this information on their computers.



The Medicare coverage charts on pages 3–5 list:

- What is covered and what you pay under Part A (Hospital Insurance).
- What is covered and what you pay under Part B (Medical Insurance).
- The Preventive Services (health care services to help you stay healthy) covered by Medicare under Part B and what you pay for these life saving services.

Additional Coverage

The Original Medicare Plan is the traditional pay-per-visit arrangement. It covers all the benefits listed on pages 3–5. However, the Original Medicare Plan doesn't pay for or cover everything. To get more health care coverage under the Original Medicare Plan you may purchase a Supplemental Insurance Policy (Medigap or Medicare SELECT) from a private insurance company.

Starting in 1999, Medicare will offer new health plan choices. Information on these choices will appear in *Medicare & You*. All beneficiaries will receive *Medicare & You* in November

of 1998. Some of these choices offer extra benefits not covered under the Original Medicare Plan, such as prescription drugs. You may wish to consider joining a Medicare Managed Care Plan (includes Health Maintenance Organizations (HMOs), HMOs with Point-of-Service Options, Provider Sponsored Organizations, and Preferred Provider Organizations), Medicare Medical Savings Account Plan, Medicare Private Fee-for-Service Plan, or Religious Fraternal Benefit Society Plan in order to receive more coverage. Definitions of these plans are on page 12.

More information on and availability of Medicare health plans can be found:

- On the Internet at **www.medicare.gov**. Your local library or senior center may be able to help you get this information on their computers.
- By calling the Medicare Special Information number at 1-800-318-2596 (TTY: 1-877-486-2048) **after** November 1, 1998.

All Medicare health plans must provide all of the Medicare covered services described on pages 3–5.

Covered Services

Hospital Stays: Semiprivate room, meals, general nursing and other hospital services and supplies (but not private duty nursing, a television or telephone in your room, or a private room unless medically necessary).

Skilled Nursing Facility (SNF) Care†: Semiprivate room, meals, skilled nursing and rehabilitative services, and other services and supplies.

Home Health Care†: Intermittent skilled nursing care, physical therapy, speech language pathology services, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and supplies, and other services.

Hospice Care†: Pain and symptom relief, and supportive services for the management of a terminal illness.
Home care is provided. Also covers necessary inpatient care and a variety of services otherwise not covered by Medicare.

Blood: From a hospital or skilled nursing facility during a covered stay.

What You Pay

For each benefit period you pay:

- A total of \$768 for a hospital stay of 1-60 days.
- \$192 per day for days 61-90 of a hospital stay.
- \$384 per day for days 91-150 of a hospital stay.*
- All costs for each day beyond 150 days.

For each benefit period you pay:

- Nothing for the first 20 days.
- Up to \$96 per day for days 21-100.
- All costs beyond the 100th day in the benefit period.

Contact your Fiscal Intermediary with questions about Skilled Nursing Facility Care and conditions of coverage.

You pay:

- Nothing for Home Health Care services.
 - 20% of approved amount for durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers).
- Call your Regional Home Health Intermediary with questions about Home Health Care and conditions of coverage.

You pay:

- Limited costs for outpatient drugs and inpatient respite care (care given to a hospice patient so that the usual care giver can rest).
- Call your Regional Home Health Intermediary about Hospice Care and conditions of coverage.

You pay:

- For the first 3 pints.

*You have 60 reserve days that may only be used once. For each reserve day, Medicare pays all covered costs except for a daily coinsurance (\$384 in 1999).

†You must meet certain conditions in order for Medicare to cover these services.

Benefit Period: Starts the day you are admitted to a hospital or Skilled Nursing Facility and ends when you haven't received hospital inpatient or Skilled Nursing Facility care for 60 consecutive days.

Call your Fiscal Intermediary for general questions about your Medicare Part A coverage.

Medicare Part B (Medical Insurance) Covered Services

Covered Services

Medical Expenses: Doctors' services, inpatient and outpatient medical and surgical services and supplies, physical, occupational and speech therapy, diagnostic tests, and durable medical equipment (DME).

Clinical Laboratory Service: Blood tests, urinalysis, and more.

Home Health Care: (If you don't have Part A.) Intermittent skilled care, home health aide services, DME and supplies, and other services.

Outpatient Hospital Services: Services for the diagnosis or treatment of an illness or injury.

Blood: As an outpatient, or as part of a Part B covered service.

What You Pay

You pay:

- \$100 deductible (pay once per year).
- 20% of approved amount after the deductible, except in the outpatient setting.
- 50% for most outpatient mental health.
- 20% of first \$1,500 for all physical therapy services and 20% of first \$1,500 for all occupational therapy services, and all charges thereafter. (Hospital outpatient therapy services do not count towards limit.)

You pay:

- Nothing for services.

You pay:

- Nothing for services.
- 20% of approved amount for DME.

You pay:

- No less than 20% of the Medicare payment amount (after the deductible).

You pay:

- For the first 3 pints plus 20% of approved amount for additional pints (after the deductible).

Note: Actual amounts you must pay for coinsurance are higher if the doctor does not accept assignment (see page 12).

Call your Medicare carrier if you have general questions about your Medicare Part B coverage.

Part B also helps pay for:

- X-rays
- Speech language pathology services
- Artificial limbs and eyes
- Arm, leg, back, and neck braces
- Kidney dialysis and kidney transplants
- Under limited circumstances, heart, lung, and liver transplants in a Medicare-approved facility
- Preventive services (see next page)
- Very limited outpatient drugs
- Emergency care
- Limited chiropractic services
- Medical supplies: items such as ostomy bags, surgical dressings, splints, and casts
- Breast prostheses following a mastectomy
- Ambulance services (limited coverage)
- The services of practitioners such as clinical psychologists, clinical social workers, and nurse practitioners
- One pair of eyeglasses after cataract surgery with an intraocular lens

Covered Service	Eligible Beneficiaries	What You Pay
Screening Mammogram: Once per year.	All female Medicare beneficiaries age 40 and older.	20% of the Medicare approved amount with no Part B deductible.
Pap Smear and Pelvic Examination: (Includes a clinical breast exam) Once every three years. Once per year if you are high risk for cancer of the cervix or had an abnormal Pap smear in the preceding three years.	All female Medicare beneficiaries.	No coinsurance and no Part B deductible for the Pap smear (clinical laboratory charge). For doctor services and all other exams, 20% of the Medicare approved amount with no Part B deductible.
Colorectal Cancer Screening: Fecal Occult Blood Test Once every year. Flexible Sigmoidoscopy Once every four years. Colonoscopy Once every two years if you are high risk for cancer of the colon. Barium Enema Doctor can substitute for sigmoidoscopy or colonoscopy.	All Medicare beneficiaries age 50 and older.	No coinsurance and no Part B deductible for the fecal occult blood test. For all other tests, 20% of the Medicare approved amount after the annual Part B deductible.
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, lancets, and self-management training.	All Medicare beneficiaries with diabetes (insulin users and non-users).	20% of the Medicare approved amount after the annual Part B deductible.
Bone Mass Measurements: Varies with your health status.	Certain Medicare beneficiaries at risk for losing bone mass.	20% of the Medicare approved amount after the annual Part B deductible.
Vaccinations: Flu Shot: Once per year. Pneumococcal Vaccination: One may be all you ever need—ask your doctor. Hepatitis B Vaccination: If you are high risk for hepatitis.	All Medicare beneficiaries.	No coinsurance and no Part B deductible for flu or pneumococcal vaccinations. For Hepatitis B vaccination, 20% of the Medicare approved amount after the Part B deductible.



ALABAMA

Blue Cross/Blue Shield of
Alabama,
1-800-292-8855 or
1-205-988-2244

ALASKA

Blue Cross of Washington and
Alaska,
1-425-670-1010

AMERICAN SAMOA

Hawaii Medical Service
Association,
1-808-948-6247

ARIZONA

Blue Cross of Arizona,
1-602-864-4297

ARKANSAS

Arkansas Blue Cross/Blue Shield,
1-501-378-2000

CALIFORNIA

Blue Cross of California,
1-818-593-2006

COLORADO

Blue Cross/Blue Shield of Texas,
1-903-463-4658

CONNECTICUT

United HealthCare Insurance
Company, 1-203-639-3222

DELAWARE

Empire Blue Cross and Blue Shield,
1-800-444-4606

DISTRICT OF COLUMBIA

Medicare Customer Service
Center, 1-800-444-4606

FLORIDA

Blue Cross/Blue Shield of Florida,
1-904-355-8899

GEORGIA

Blue Cross/Blue Shield of
Georgia, Inc., 1-706-571-5371

GUAM

Hawaii Medical Service
Association,
1-808-948-6247

HAWAII

Hawaii Medical Service
Association,
1-808-948-6247

IDAHO

Medicare Northwest,
1-503-721-7000

ILLINOIS

Health Care Service Corporation,
1-312-653-6266

INDIANA

AdminaStar Federal,
1-800-622-4792

IOWA

Wellmark, Inc.,
1-712-279-8650

KANSAS

Blue Cross/Blue Shield of
Kansas, Inc., 1-800-445-7170

KENTUCKY

AdminaStar Federal,
1-800-999-7608 or
1-502-425-6759

LOUISIANA

Blue Cross/Blue Shield of
Mississippi, 1-601-936-0105
(local) or 1-800-932-7644 ext. 4594

MAINE

Associated Hospital of Maine,
1-888-896-4997

MARYLAND

Medicare Customer Service
Center, 1-800-444-4606

MASSACHUSETTS

Associated Hospital Services of
Maine, 1-888-896-4997

MICHIGAN

Health Care Service Corporation,
1-800-482-4045 or
1-313-225-8317

MINNESOTA

Blue Cross/Blue Shield of
Minnesota,
1-800-382-2000 ext. 5503 or
1-651-456-8000 (local)

MISSISSIPPI

United HealthCare Insurance
Company, 1-800-682-5417 or
1-601-956-0372

MISSOURI

Blue Cross/Blue Shield of
Mississippi, 1-800-932-7644

MONTANA

Blue Cross/Blue Shield of
Montana, 1-800-447-7828 or
1-406-791-4086

NEBRASKA
Blue Cross/Blue Shield of
Nebraska,
1-402-390-1850

NEVADA
Blue Cross of California,
1-818-593-2006

NEW HAMPSHIRE
New Hampshire-Vermont
Health Service,
1-603-695-7204

NEW JERSEY
Blue Cross/Blue Shield of New
Jersey, 1-973-456-2112

NEW MEXICO
Blue Cross/Blue Shield of Texas,
Inc.,
1-972-766-6900

NEW YORK
Empire Blue Cross and Blue
Shield,
1-800-442-8430

NORTH CAROLINA
Blue Cross/Blue Shield of
North Carolina,
1-919-688-5528

NORTH DAKOTA
Blue Cross/Blue Shield of
North Dakota, 1-800-332-6681
or
1-303-831-2661 (local)

**NORTHERN MARIANA
ISLANDS**
Hawaii Medical Service
Association,
1-808-948-6247

OHIO
AdminaStar Federal,
1-317-842-4151

OKLAHOMA
Group Health Services of
Oklahoma
(Blue Cross/Blue Shield of
Oklahoma), 1-918-560-3367

OREGON
Medicare Northwest,
1-503-721-7000

PENNSYLVANIA
Veritus, Inc.,
1-800-853-1419

PUERTO RICO
Cooperative de Seguros de
Vida Puerto Rico,
1-787-758-9733

RHODE ISLAND
Blue Cross/Blue Shield of
Rhode Island, 1-401-861-2273
or
1-800-662-5170 (RI only)

SOUTH CAROLINA
Blue Cross/Blue Shield of
South Carolina,
1-800-521-3761 or
1-803-432-5703 (local)

SOUTH DAKOTA
IASD Health Service Corp.,
1-515-246-0126

TENNESSEE
Blue Cross/Blue Shield of
Tennessee,
1-423-755-5955

TEXAS
Blue Cross/Blue Shield of Texas,
1-903-463-4658

UTAH
Blue Cross/Blue Shield of Utah,
1-801-333-2410

VERMONT
New Hampshire-Vermont
Health Service,
1-603-695-7200

VIRGINIA
TRIGON Blue Cross and Blue
Shield,
1-540-985-3931

VIRGIN ISLANDS
Cooperative de Seguros de
Vida Puerto Rico,
1-787-758-9733

WASHINGTON
Blue Cross/Blue Shield of
Washington and Alaska,
1-425-670-1010

WEST VIRGINIA
TRIGON Blue Cross and Blue
Shield,
1-540-985-3931

WISCONSIN
Blue Cross/Blue Shield of
Wisconsin,
1-414-224-4954

WYOMING
Blue Cross/Blue Shield of
Wyoming,
1-307-634-1393 or
1-800-442-2376



ALABAMA

Blue Cross/Blue Shield of
Alabama,
1-800-292-8855 or 1-205-988-2244

ALASKA

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

AMERICAN SAMOA

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

ARIZONA

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

ARKANSAS

Arkansas Blue Cross/Blue Shield,
1-800-482-5525 or 1-501-378-2320

CALIFORNIA

Transamerica Occidental Life
Insurance, Counties of Los
Angeles, Orange, San Diego,
Ventura, Imperial, San Luis
Obispo, & Santa Barbara
1-800-675-2266 or 1-213-748-2311

Rest of State:

National Heritage Insurance
Company, 1-800-952-8627 or
1-530-743-1583

COLORADO

Blue Cross/Blue Shield of North
Dakota, 1-800-332-6681 or
1-303-831-2661

CONNECTICUT

United HealthCare,
1-800-982-6819 (in CT only) or
1-203-237-8592

DELAWARE

Medicare Customer Service
Center, 1-800-444-4606

DISTRICT OF COLUMBIA

Medicare Customer Service
Center, 1-800-444-4606

FLORIDA

Blue Cross/Blue Shield of Florida,
1-800-333-7586

GEORGIA

Cahaba,
1-800-727-0827 or 1-912-927-0934

GUAM

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

HAWAII

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

IDAHO

CIGNA Medicare,
1-800-627-2782 or 1-615-244-5650

ILLINOIS

Wisconsin Physicians Service
(WPS) 1-800-642-6930 or
1-312-938-8000 or TDD
1-800-535-6152

INDIANA

AdminaStar Federal,
1-800-622-4792 or 1-317-842-4151

IOWA

Blue Cross/Blue Shield of North
Dakota, 1-515-245-4785 or
1-800-532-1285

KANSAS

Blue Cross/Blue Shield of Kansas,
1-800-432-3531 or
1-785-291-4000 (in Topeka) or
1-800-432-0216 (out of state)

KENTUCKY

AdminaStar Federal,
1-800-999-7608 or 1-502-425-6759

LOUISIANA

Arkansas Blue Cross/Blue Shield,
Inc., 1-800-462-9666 or
Baton Rouge 1-504-927-3490

MAINE

National Heritage Insurance
Company, 1-800-492-0919 or
1-781-741-5256

MARYLAND

Medicare Customer Service
Center, 1-800-444-4606

MASSACHUSETTS

National Heritage Insurance
Company, 1-800-882-1228 or
1-781-741-5256

MICHIGAN

Wisconsin Physicians Service
(WPS) 1-800-482-4045

MINNESOTA

United HealthCare Insurance Co.,
1-800-352-2762 or 1-612-884-7171

MISSISSIPPI

United HealthCare Insurance,
1-800-682-5417 or 1-601-956-0372

MISSOURI

Blue Cross/Blue Shield of Kansas
(Kansas City area)
1-800-892-5900 or
1-816-561-0900; Arkansas Blue
Cross/Blue Shield (rest of state)
1-800-392-3070 or 1-314-843-8880

MONTANA

Blue Cross/Blue Shield of
Montana, 1-800-332-6146 or
1-406-444-8350

NEBRASKA

Blue Cross/Blue Shield of
Kansas, 1-800-633-1113

NEVADA

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

NEW HAMPSHIRE

National Heritage Insurance
Company, 1-800-447-1142 or
1-781-741-5256

NEW JERSEY

Xact Medicare Service,
1-800-462-9306

NEW MEXICO

Arkansas Blue Cross/Blue Shield,
1-800-423-2925 or 1-505-872-2551

NEW YORK

Empire BC/BS: Bronx, Brooklyn,
Columbia, Delaware, Dutchess,
Greene, Manhattan, Nassau,
Orange, Putnam, Richmond,
Rockland, Suffolk, Sullivan, Ulster
& Westchester, 1-800-442-8430
Group Health Ins.: Queens
1-212-721-1770 BC/BS of Western
NY: 1-800-252-6550

NORTH CAROLINA

CIGNA,
1-800-672-3071 or 1-336-665-0348

NORTH DAKOTA

Blue Shield of North Dakota,
1-800-332-6681 or 1-800-247-2267
or 1-701-277-2363

NORTHERN MARIANA ISLANDS

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

OHIO

Nationwide Mutual Insurance Co.,
1-800-282-0530 or 1-614-249-7157

OKLAHOMA

Arkansas Blue Cross/Blue Shield,
1-800-522-9079 or 1-405-848-7711

OREGON

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

PENNSYLVANIA

Xact Medicare Services,
1-800-382-1274

PUERTO RICO

Triple-S, Inc.,
1-800-981-7015 in Puerto Rico
In a Metro Area, 1-787-749-4900

RHODE ISLAND

Blue Cross/Blue Shield of Rhode
Island, 1-800-662-5170 (only in RI)
or 1-401-861-2273

SOUTH CAROLINA

Blue Cross/Blue Shield of South
Carolina,
1-800-868-2522 or 1-803-788-3882

SOUTH DAKOTA

Blue Cross/Blue Shield of North
Dakota, 1-800-437-4762

TENNESSEE

CIGNA Medicare,
1-800-342-8900 or 1-615-244-5650

TEXAS

Blue Cross/Blue Shield of Texas,
1-800-442-2620

UTAH

Blue Cross/Blue Shield of Utah,
1-800-426-3477 or 1-801-333-2430

VERMONT

National Heritage Insurance
Company, 1-800-447-1142 or
1-781-741-5256

VIRGINIA

Medicare Customer Service
Center—Counties of Arlington
and Fairfax 1-800-444-4606
United HealthCare (rest of state),
1-800-552-3423 or 1-540-985-3931

VIRGIN ISLANDS

Triple-S, Inc., 1-800-474-7448

WASHINGTON

Blue Cross/Blue Shield of North
Dakota, 1-800-444-4606

WEST VIRGINIA

Nationwide Mutual Insurance
Co., 1-800-848-0106 or
1-614-249-7157

WISCONSIN

Medicare/WPS,
1-800-944-0051 or
1-608-221-3330 or
TTY/TDD: 1-800-828-2837

WYOMING

Blue Cross/Blue Shield of North
Dakota, 1-800-442-2371 or
1-307-632-9381



If you live in:

Alabama
Arkansas
Florida
Georgia
Illinois
Indiana
Kentucky
Louisiana
Mississippi
New Mexico
North Carolina
Ohio
Oklahoma
South Carolina
Tennessee
Texas

Your Regional Home Health Intermediary is:

Palmetto Government Benefits Administrators
1-727-773-9225

If you live in:

Alaska
American Samoa
Arizona
California
Guam
Hawaii
Idaho
Nevada
Northern Mariana Islands
Oregon
Washington

Your Regional Home Health Intermediary is:

Blue Cross of California
1-818-593-2009



If you live in:

Colorado	North Dakota
Delaware	Pennsylvania
Iowa	South Dakota
Kansas	Utah
Missouri	Virginia
Montana	West Virginia
Nebraska	Wyoming

Your Regional Home Health Intermediary is:

Wellmark, Inc.
1-515-246-0126

If you live in:

District of Columbia
Maryland

Your number to call about Medicare home health benefits is:

Medicare Customer Service Center
1-800-444-4606

If you live in:

Michigan
Minnesota
New Jersey
New York
Puerto Rico
Virgin Islands
Wisconsin

Your Regional Home Health Intermediary is:

Medicare Part A United Government Services
1-414-224-4954

If you live in:

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Your Regional Home Health Intermediary is:

Associated Hospital Service of Maine
1-888-896-4997

Assignment—In the Original Medicare Plan, doctors and other providers who accept assignment accept the amount Medicare approves for a particular service or supply as payment in full. (You are still responsible for any coinsurance amount.)

Benefit Period—Starts the day you are admitted to a hospital or skilled nursing facility and ends when you haven't received hospital inpatient or skilled nursing facility care for 60 consecutive days.

Coinsurance—The percent of the approved charge that you have to pay either after you pay the Part A deductible, or after you pay the first \$100 deductible each year for Part B.

Deductible—The amount you must pay before Medicare begins to pay either each benefit period for Part A, or each year for Part B.

Fiscal Intermediary—A private insurance company that has contracted with Medicare to process bills (claims) for Part A services.

Managed Care Plans—Managed Care Plans involve a group of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed amount of money from Medicare every month. They include Health Maintenance Organizations (HMOs), HMOs with Point of Service Options, Provider Sponsored Organizations, and Preferred Provider Organizations.

Medicare Carrier—A private insurance company that has contracted with Medicare to process beneficiary bills (claims) for Part B services.

Medicare Medical Savings Account Plan—A Medicare health plan option made up of two parts. One part is a Medicare MSA Health Policy with a high deductible. The other part is a special savings account, called a Medicare MSA. Medicare deposits money into the account to help pay your medical bills. Medicare also pays the premium for the health policy.

Original Medicare Plan—The traditional pay-per-visit arrangement that covers Part A and Part B services.

Premium—Monthly payment for health care coverage to Medicare, an insurance company, or a health care plan.

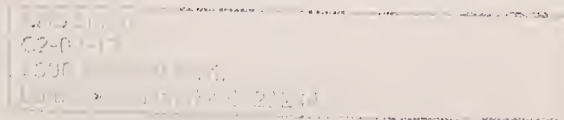
Private Fee-for-Service Plan—A private insurance plan that accepts Medicare beneficiaries.

Regional Home Health Intermediaries—An organization contracted by Medicare that processes claims and performs audits of home health providers.

Religious Fraternal Benefit Society Plans—Health plan offered by a Religious Fraternal Benefit Society for members of the society.

Supplemental Insurance Policy—Many private insurance companies sell Medicare Supplemental Insurance Policies that fill the “gaps” in Original Medicare Plan coverage. Similar coverage may also be available to retirees through an employer or union health plan.

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**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

**Health Care Financing
Administration**

7500 Security Boulevard
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